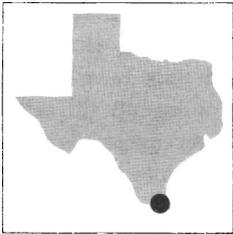


Su Clinica Familiar, Harlingen, Texas

PAUL DICKSON



Su Clinica Familiar of Harlingen, Tex. is the largest of all National Health Service Corps sites. It opened in 1971 with the voluntary help of local doctors, received its first Corps physician 2 years later, and has since grown in size to a major health facility responsible for some 90,000 medical encounters a year. All 10 of its physicians and its 2 dentists are Corps members as well as some of its certified nurse-midwives.

The area served by Su Clinica is at the lower tip of Texas and borders on Mexico. The general population is heavily Mexican-American, and the vast majority of those using the clinic are Mexican-Americans.

Measured by any yardstick, Su Clinica must be regarded as an eminently successful example of how best to deliver quality medical care to large numbers of poor people. It is sponsored by many groups, both local and national, and has been successful in establishing specialized services for the community. The Corps has been a major influence not limited to the clinic per se. One Corps doctor in Harlingen has been responsible for creating a greatly needed newborn intensive care nursery unit at the local hospital.

WHEN SU CLINICA FAMILIAR opened on May 10, 1971, it was an all-volunteer operation that had virtually no physical or financial resources except for a grant from the Migrant Health Program. What it did have were the enthusiasms of an ambitious VISTA worker, several nuns dedicated to aiding the rural poor, a grassroots Mexican-American group called *Organizaciones Unidas*, and the donated time of 16 local physicians.

Some 75 patients showed up that first day, including one who has never been forgotten, a severely ill diabetic who had not had any medical attention for 3 years because of his inability to pay. The name of this unfunded, somewhat unlikely operation, Su Clinica Familiar, is in English, Your Family Clinic. It was then located in cramped quarters in downtown Harlingen, Tex.

From the outset Su Clinica's goal was simply to provide quality medical care to the poor of Willacy and Cameron Counties which lie in the lower Rio Grande Valley on the Texas-Mexico border. The area is agricultural and its population is predominantly Mexican-American. It is home base to a sizable percentage of the nation's migrant farm workers who winter here and move north with the crops during the rest of the year.

Harlingen and the other cities of the region display all the trappings of late 20th century American prosperity—shopping malls, chain stores, golf courses, and inviting tourist reception centers. Harlingen alone boasts a dozen

Mr. Dickson is a 39-year-old writer who has authored nine books, the most recent of which is "The Official Rules."

motels and 33 restaurants. To understand why Su Clinica came to be, one must head away from the signs welcoming credit cards and see the *colonias*, the poor Mexican-American suburbs where paved roads are the exception and municipal services are rare.

The need for Su Clinica was underscored by the response it got from the area's poor. By the first summer, Federal money started to be funneled into it through the local arm of Catholic Charities, Inc., which served as its official sponsor. At the end of the year, the first formal request was made to the National Health Service Corps for fulltime medical professionals. The first Corps physician arrived in early 1973.

By early 1979 the picture was radically different. Su Clinica Familiar was a strong, independent and, by all accounts, permanent valley institution. It could boast a staff of 178 people, an operating budget of close to \$4 million, and an impressive raft of services including a dental department, pharmacy, health education group, and a full maternity service. More than 100 babies were being delivered each month. What's more, new services such as a special adolescent health service program were being added.

The central clinic is a stunning modern, brick and glass structure with an incongruous name, the Tudor Building. For those who believe that the poor should receive medical care under corrugated tin roofs, this sleek 10,000 square-foot facility would be a shock. By any standard, it is a handsome place. It sits a matter of yards from the Valley Baptist Medical Center, a wellspring of

local pride, and is nestled among a number of one-story buildings which house private practices.

Besides the main building, Su Clinica has a large walk-in mobile clinic operated by its Project MANO (Medical and Nutritional Outreach), a satellite clinic in nearby Raymondville, and another building nearby that houses administrative offices and the new dental department.

All of this real estate is indicative of much more. Most important, of course, is the ability to care for large numbers of people: 90,000 medical encounters in 1978, reports clinical operations director Carlos Trevino, who expects the total to reach 110,000 for 1979. In 1978 alone there were 9,000 new registrants, bringing the total registered population served close to 100,000 people. Dr. Myles Altimus, the Corps physician in charge of medical services, estimates that Su Clinica has touched about 48 percent of the area's poor as federally defined. The vast majority — about 98 percent — of the clinic patients are Mexican-Americans, and of these some 40 percent are migrant workers.

As impressive as the statistics are, there are other measures of success which do not show up in the formal counts. For instance, the Harlingen Chamber of Commerce distributes a little free booklet entitled, "A Guide to Living and Working in Harlingen." On the page devoted to medical services there are comments about the city's hospital, Valley Baptist Medical Center, and its progress. It is, for example, now being expanded from a 202-to a 278-bed facility. One key sentence about the



The waiting room at Su Clinica Familiar is always crowded

hospital reads, "A newborn intensive care nursery was opened in September, 1974 and has helped save many infants' lives."

This notice is a significant acknowledgment of the role of both Su Clinica and the National Health Service Corps in Harlingen, for it shows their impact on the entire community. The nursery, the only facility of its kind at the four hospitals in the Rio Grande Valley, was founded by Dr. Stan Fisch, a Corps doctor. Fisch, a neonatologist, and his wife Nivia, one of the certified nurse midwives at the site, have been at Su Clinica for almost 6 years.

The intensive care nursery came into being because it was desperately needed. As Fisch explains, "Before the nursery was here, very sick infants either had to be taken to Corpus Christi or into Mexico. Those that stayed here either got better or they died." Besides its obvious importance to the area's ill children and their families, the nursery has helped Su Clinica's position in the community at large. Paula Gomez, the Harlingen clinic manager, says, "With this, Stan really broke the ice for us . . . especially in the local medical community."

Although the nursery is an especially impressive example of what is coming out of the Su Clinica experience, it is by no means an isolated example. There is, for instance, a supplemental food program for women, infants, and children (WIC) of Willacy County run by the Raymondville clinic. It is geared to those who are at nutritional risk and in 1977 it served 9,092 people.

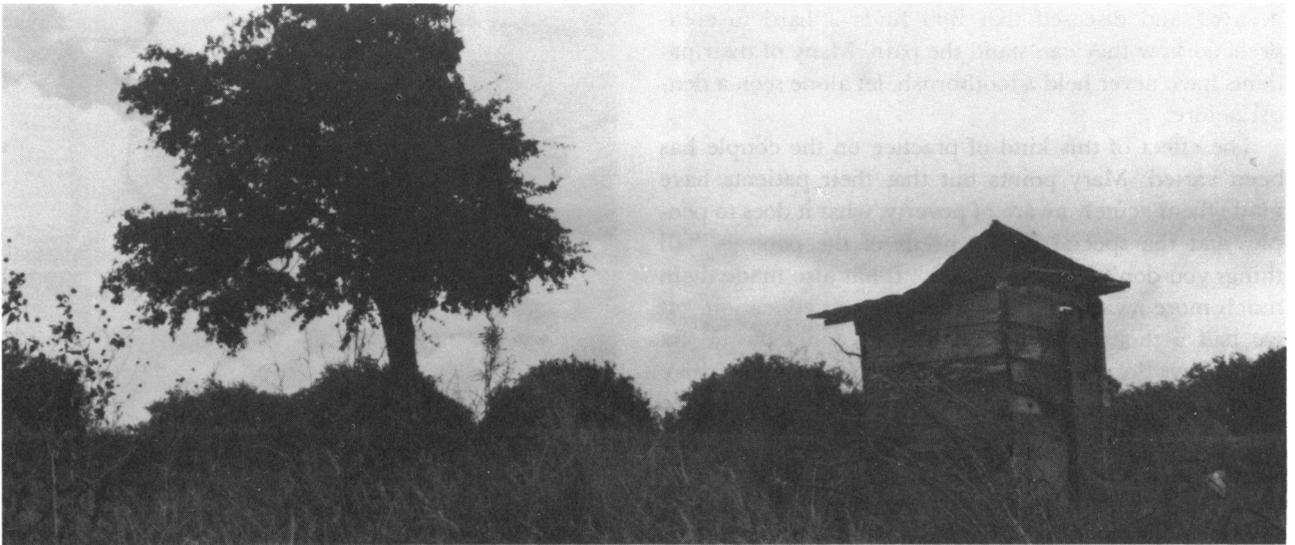
The most impressive aspect of Su Clinica is that it works so well considering that it is funded, staffed, and to varying degrees overseen, by a dozen or so diverse organizations and agencies including Catholic Charities,



Su Clinica's patients are predominantly Mexican-American

Inc., various agencies of the Department of Health, Education, and Welfare, and even the Department of Agriculture. The assortment of benefactors includes the March of Dimes (which helped equip the maternity department), Levi-Strauss (a local employer that helped pay for the mobile clinic), and various orders of the Catholic Church (which have supplied such key people as Sister Maria Ceballos, who coordinates the services of the mobile clinic, and Sister Angela Murdaugh, who is in charge of the midwives at Raymondville). Over this is a very active, tough-minded, consumer-dominated board of directors that, according to more than one staff physician, has a relentless urge to push the organization to new goals.

This is not to say that Su Clinica does not have its quota of snafus, Catch 22's, and regulatory overkill. At the time of my visit medical director Myles Altimus was figuring out what to do with five huge crates of health



Harlingen is home base for a large percentage of the nation's migrant farm workers

literature for black Americans which HEW had instructed him to distribute in this part of the country where less than 1 percent of the population is black.

Yet for every challenge of this type, there is another which is not so funny. More than a little quiet, careful tightrope walking must go on at a place where one major sponsor is opposed to birth control and the other does not condone the treatment of illegal aliens. Suffice it to say that people are taken care of.

There have been plans that have not worked out the way Su Clinica would have liked them to. One of these has been a prolonged, politically intense effort to get a third clinic into, or even just outside the nearby city of Brownsville. This has been going on for years and has involved a variety of plans and ploys, but an antagonistic political faction in the target city has been successful in stalemating the expansion.

Such setbacks aside, the fact remains that Su Clinica has been extremely successful. To pinpoint the factors that have made it work would be difficult, if not impossible. But it is possible to obtain insight into why it works by seeing how individual parts of the whole work. The emphasis here will be on the role of the Corps, but there are many others — from technicians to custodians — who are factors in the equation.

The Dental Practice

Corps people working in Harlingen point out that their jobs are not always confined to the practice of medicine. Such is the case with Dr. Altimus, and before him Dr. Fisch, who divides his time between being medical director and seeing patients. However, Bob and Mary Barelman, Su Clinica's husband and wife dental team, are a special case in point. When they were being recruited for

the Harlingen site in 1978, they were dismayed by the recently acquired building that was to shelter the new dental department.

"It really was a mess, a shambles," recalls Bob, adding, "Not only was it not equipped for dentistry, but it featured such extras as a hole in the roof and no doors." When they left Harlingen, however, they understood that when they returned in July the dental quarters area would be repaired, restored, and ready to receive patients.

It is not clear how the misunderstanding developed, but when the couple arrived to begin their practice, nothing had been done. If anything, the place was in worse shape.

"To put it mildly," says Mary, "We had severe doubts about what we'd gotten into, and whether or not we'd made a big mistake."

By their own account, it turned out to be anything but. The two dentists immediately got to work ordering supplies, hiring repairers, setting up a record keeping system and training dental assistants. Says Mary, "It turned out to be a good, positive experience in that we learned all the practical aspects of setting up a dental practice. And we learned it in a very short period. We now not only know how to train assistants but know where all the drains have to go."

The resulting Su Clinica dental department is as attractive as dental offices in a new high-rise building catering to the middle class. There is a pleasant receptionist on duty and a nice waiting area complete with the old magazines which are de rigueur for dentists' offices.

The Barelmans' practice, however, is far different from that of treating the relatively affluent clientele that dental school tends to prepare one for. Emergencies are a big part of the practice. Some patients have teeth so

decayed and diseased that Bob finds it hard to comprehend how they can stand the pain. Many of their patients have never held a toothbrush, let alone seen a dentist before.

The effect of this kind of practice on the couple has been varied. Mary points out that their patients have made them acutely aware of poverty, what it does to people, and the special health needs of the poor — “all things you don’t learn in school.” It has also made them much more aware of the need for patient education. “If we had a thousand dentists show up tomorrow to fix teeth,” says Bob, “the outlook would still be bleak if there were no effort to teach the patients how to take care of their mouths.” Needless to say, patients are not allowed out of the building before getting oral hygiene information.

As Bob Barelman says, “We’ve had to learn how to do dentistry faster without sacrificing quality,” and Mary adds, “We’re doing a lot of surgery, we’re handling as many patients as we can and we’re practicing general dentistry in the fullest sense.”

Outreach Programs

Margaret Camacho knows the *colonias* as well as the migrants whose small homes line their streets. She was born and brought up here. Her parents and her husband were migrants and, before her husband died, she moved north working in migrant clinics. Now she is one of three outreach workers who travel the *colonias* and backroads to perform essential jobs which can help spell the difference between medical attention and quality medical care. Her job is to work with Su Clínica registrants to make sure medicine is taken, special diets are observed, benefits are applied for, and important return visits to the clinic are made.

The day I rode with here, she was on her way to Primera, one of the *colonias*, where she was meeting with one of her clients, a leukemia victim. Her specific mission was to give the sick woman all the necessary information and forms she needed for special Social Security benefits.

Primera is typical of the *colonias* around Harlingen and Brownsville. None of the side streets are paved and the business district is confined to a small, neat, but sparsely stocked convenience store. The houses are small, one-story affairs which are almost invariably weather-beaten. Cows, chickens, and pick-up trucks help fill the area’s muddy yards. It was January and some of the houses were already boarded up. The boards signal the fact that the first families have left for Florida where the earliest crops are ready for harvest. As the weeks progress more and more families will leave, and by summer the place will look like a ghost town.

The visit that was made to the leukemia victim concerned more than paperwork. It was a real visit in which



Mobile, walk-in clinic is operated by Su Clínica's Project MANO (Medical and Nutritional Outreach)

pleasantries were exchanged and the outreach worker attempted to find other things she could do to help relieve the burden of a tragic disease.

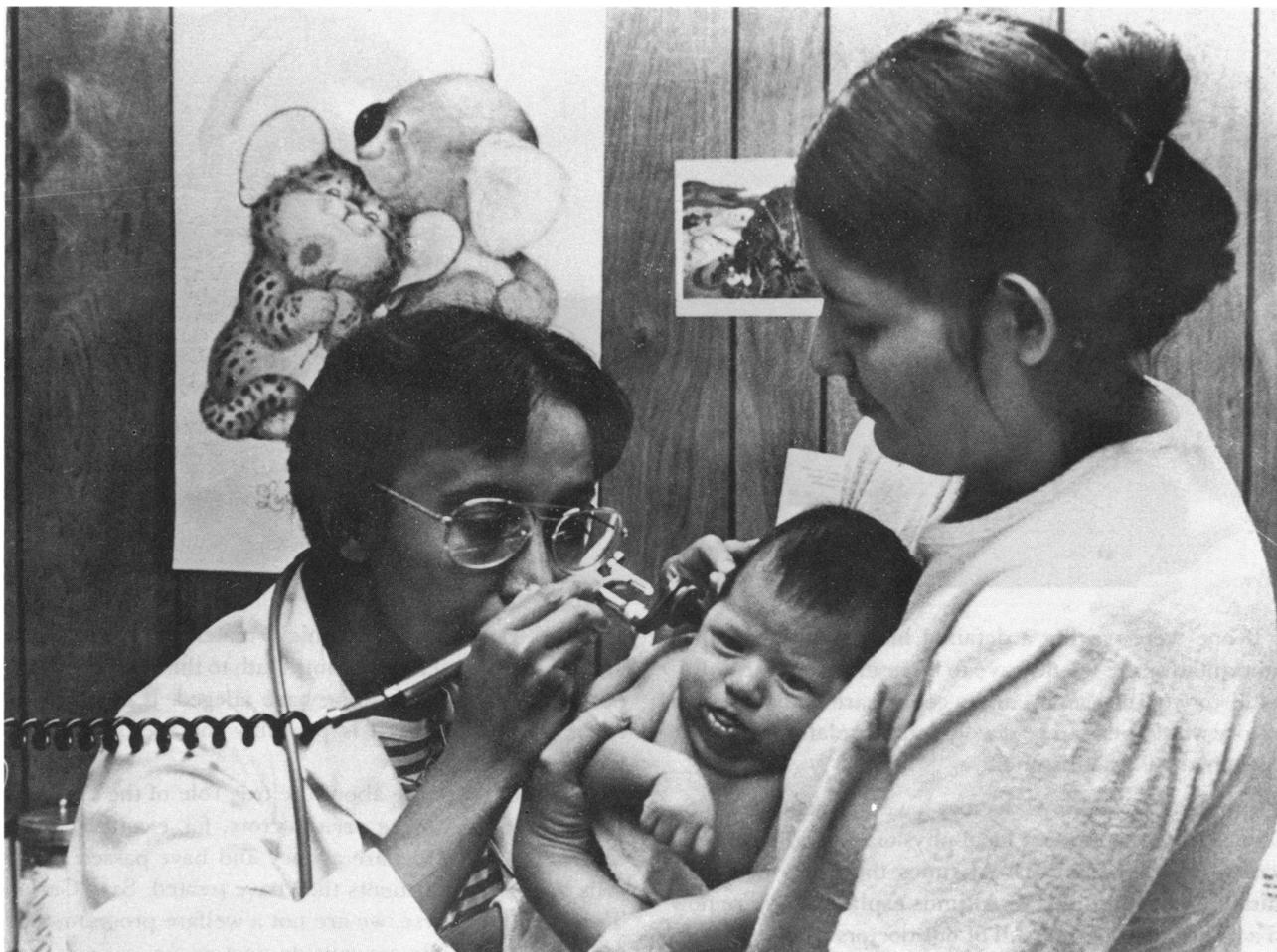
Balance Sheet

Complaints from the Corps members in Harlingen are few. One fairly common complaint is that the physicians feel isolated from the professional mainstream of research, conferences, and teaching hospitals — all missing down at the tip of Texas. For instance, the nearest good medical library is in San Antonio, a 5-hour drive from Harlingen.

But even on this point, the complaining is not severe, and Stan Fisch actually sees a bright side to the isolation. “It forces us to get out of here once in a while, which I think is good. It also forces you to be much more selective in picking conferences to attend, so you tend to try and get to the most important ones. I’ve been here for 5 1/2 years and I don’t feel out of it.”

Other complaints are based on specific, perhaps unrealistic, expectations. One doctor had expected the cost of living to be sharply lower in the Rio Grande Valley than in the urban Northeast. He admits that it is lower, but nowhere near as low as he had expected.

On the other hand, Corps members are quick to point to some of the advantages that are extraneous to the work itself but make life more pleasurable. These include easy access to the Gulf, the proximity of Mexico, a subtropical climate, and a rich mix of outdoor recreations. It is, after all, an area which draws large numbers of tourists, so one is not likely to become isolated from relatives and old friends.



Nivia Fisch, one of the certified nurse midwives at Harlingen, checks a small patient. The Fisches have been at this site for 6 years

The Medical Practice

If there is a typical Corps site, it is probably not Harlingen. If there is a typical group of Corps physicians, the group at Su Clinica does not seem to fit the mold.

Consider the fact that 3 of the 10 Corps doctors at the site have left private practice to work here at Corps salaries. They include Dr. Altimus, 39, who had been in private practice in his native western Pennsylvania from 1968 to 1975. In the area where he was practicing, his work was becoming increasingly dominated by geriatrics. He was attracted to Harlingen by an ad in the *Journal of the American Medical Association*. He signed on and has not once regretted his decision (despite offers from groups in his former community to reestablish a practice there.) He is enthusiastic about Su Clinica and its staff, enjoys his work, and likes the area. The first day that he and his wife were in the Harlingen area they bought a 90-year-old farmhouse. Another physician who has been in private practice is Dr. Rogers McLane. He was one of the early Corps physicians at Su Clinica, left when his contracted time was up, went into private practice, but has since been drawn back to Harlingen and the Corps.

For a number of reasons, including his long-term commitment to the site, Fisch is also atypical. He and Nivia have been at Su Clinica since the time when the total staff — bookkeeper included — could be counted on your fingers. At present they are signed on through the summer of 1980 and, if things continue to work out, they will continue to stay. Stan is still very impressed by the strong feelings that the families served by Su Clinica have for the institution — the feeling that attracted the couple to Harlingen in the first place. He fully appreciates its “good group of administrators” and “a board that truly fulfills its obligation to the community.”

As he explains another major continuing attraction of his work; “I’m effectively using all the training from my residency. When I first signed on I was afraid that I might be turning my back on what I had learned . . . that I’d be forced to practice a more primitive form of medicine. But the hospital here is good, and it has encouraged me to go as far as I could. When I first started in medicine the last thing I thought I would ever be was attached to a traditional hospital staff. But the needs were here, and the place to meet them is at the hospital.”



If one were writing a detailed history of Su Clinica, substantial space would have to be reserved for the political history of the agency, and a good share of the political history would need to be devoted to the relations with the local medical establishment.

Since full-time Corps doctors have been coming to Su Clinica, there have been local physicians who have been cool to the new arrivals. At times there has been unmistakable animosity. Dr. Altimus explains, "We're now in a pretty good period. All of our doctors have privileges at the hospital and there is more and more professional consultation going on between ourselves and the private doctors in the area. But there have been some rough periods when we had to fight for hospital privileges, and I can recall being subjected to a 1 1/2 hour lecture from a local doctor telling us that we are a part of a socialist scheme bordering on communism. This is something that Corps doctors have to learn to expect from time to time, especially when they are part of a highly visible program like this one."

Talking with the medical staff at Su Clinica, one finds a number of specific concerns, fears, and misconceptions which have tended to keep a distance between the two groups. Points brought up most often:

— Fear that Su Clinica and the Corps are federally backed toehold or pilot programs for a nationalized health service. One staff member points out that this particular fear is fed by a half-dozen outspoken physicians, opponents of national systems, who have relocated to the valley from England and Canada.

— The belief among some local physicians that the clinic has taken potential patients and fees from them. This belief is apparently especially strong among obstetricians

and has grown as the clinic's maternity section has grown. There is certainly some truth to this allegation but nothing close to what some have alleged. If anyone has cause for complaint, it is probably the area's lay midwives.

— Misunderstanding about the true role of the clinic in the community. Some area doctors, for example, have mistaken it for a welfare agency and have passed along bills for indigent patients they have treated. Says Carlos Trevino, "Of course, we are not a welfare program, and we can only reimburse outside doctors for patients our doctors have referred directly to them."

— The feeling of a few that there is something inherently wrong with using certified nurse midwives and that all babies should be delivered by MDs.

— General fear of the unknown. For instance, when the first dentists arrived, they were visited by a "liaison" committee of local dentists. As Bob Barelman explains, "It was clear to me that they were here to interrogate us to find out what the Government was up to, and how much of a threat we posed to their practices. I'm still not sure that they understand that we're not here to deprive them of a livelihood, so our relations with the local dental community have been cordial but cool."

Corps professionals in Harlingen tend to be understanding. "In many ways I don't blame them," says Dr. Duncan. "We've come from the outside to practice on their turf. These are good people who have a right to wonder what we're up to."

Tragedy

One sad story was told to me again and again while visiting Su Clinica. Some of the details did not jibe from one telling to the next, but the exact details are not important



Dr. Stan Fisch, a Corps neonatologist, founded the only newborn intensive care nursery at Rio Grande hospitals

because the emotional intensity and genuine sadness seem a constant. Somehow, it was as if the story were told enough times the outcome would change — although everyone knew that it wouldn't.

A boy of 2 years had been brought to Su Clinica for treatment of a bleeding scrotum which had been injured when he fell against a table. When he was brought back a week later, bleeding again, he was referred to a local urologist who discovered the much more serious problem of testicular cancer. The discovery had been made on the early side, and arrangements were made to get him with his parents to Houston for surgery. Initially, both parents objected to the operation but as various members of Su Clinica's staff discussed the problem, the boy's mother gave in. But the father would not budge; such an operation would threaten his son's manhood and prevent him from having children of his own. As concerned people from Su Clinica increased pressure on the family and were obtaining a court order as a last resort, the family disappeared across the border into Mexico. Months later, after the disease had become acute, they returned; but it was too late to operate. There was little

hope that chemotherapy treatment would save the child.

All who told the story alluded to the concept of *machismo* as contributing to this tragedy, but there was more to it than that. People at Su Clinica do not blame themselves, but they wonder how long it will be before they can conquer the ignorance which leads to such tragedies. It's not something they teach in school.

Maternity Care

Before Su Clinica came to the valley, about half the babies born in the area were delivered by midwives. That percentage has not changed significantly, but there has been a change in the midwives. The traditional lay midwives, or *bateras*, are giving way to the certified nurse midwives (CNMs) of the Harlingen and Raymondville clinics. Su Clinica can boast one of the leading midwifery programs in the nation, with four fully qualified CNMs. The CNMs, most of whom have had a year of concentrated obstetrical training, take care of all the normal pregnancies. Pregnancies which are deemed high risk are handled by the physicians assigned to the maternity service. Other pregnancies which fall between the normal and risky categories are often co-managed by an MD and a CNM. Approximately 80 percent of Su Clinica's babies are delivered by CNMs.

Corps CNM Joan Schoen explains that while the tradition of the midwife has remained intact, the differences between its old and new forms are major. For one thing, the CNMs are involved from the early prenatal period to a year after the baby is born, rather than for a brief period at delivery. The CNMs are part of a full maternity service with quick access to specialists, hospitals, and so forth. "One of the major problems with the *bateras*," says Schoen, "has been that they are outside the system so they have nobody to call on when a mother gets into trouble." Dr. Neville Duncan, director of OB Services, adds, "Some of these lay midwives are good, but others are bad, and a few are very bad." While the statistics which would prove their point have not yet been researched, both Schoen and Duncan are convinced that Su Clinica has had a major positive impact on the area's improved birth and infant mortality rates.

Joan Schoen, who came to Harlingen with a carefully stipulated agreement to be there for only a year, has been at the site for almost 3 years. "I love my work here. I like the women and appreciate their acceptance of what we do. Midwives are an important part of the culture of our patients, and that has made our work easier and more meaningful."

The word model has been overused. It seems that every time a project, experiment, or new institution works — even barely — someone proclaims it a model for others to follow. Despite overuse of the term, there are legitimate models, and Su Clinica is one.